

HIPAA Disclosure – Notice of Privacy Practices

Counselor Credentialing Act:

I honor all regulations in the Counselor Credentialing Act (18.19 RCW). The purpose of the law is: (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

The Washington State Licensing Department asks that you be informed of the following:

“Counselors practicing counseling for a fee must be credentialed with the Department of Health for the protection of the public health and safety. Credentialing of an individual with the department does not include recognition of practice standards, nor necessarily implies the effectiveness of any treatment.”

Client Rights:

As a client receiving counseling services in the State of Washington, you have the right to: 1) Choose the counselor and treatment approach that best suits your needs and purposes; 2) Have full and complete knowledge of your counselor’s qualifications and training; 3) Be fully informed as to the terms under which services will be provided; and 4) Refuse treatment.

Confidentiality:

As a counseling client you have privileged communications under state law. With the exceptions of situations listed below, you have the right to have information shared in therapy sessions to be held in the strictest confidentiality, including the fact that you are seeing me for counseling. The privilege is yours, not mine, and cannot be waived without your written consent. I will always act to maximize your privacy even when you waive your confidentiality.

The following are exceptions to your right to confidentiality:

- 1) If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
- 2) If I have reason to believe that a child, elderly person, or a disabled person is being abused (i.e. a person unable to care for him/herself), I may be required to file a report with the appropriate state agency.
- 3) If a court orders me via subpoena to provide a presentation of treatment.

Should disclosure of confidential information be necessary, I will work with you as respectfully and directly as possible.

Complaints:

If you have any concerns about your experience in therapy, please discuss it with me. If you feel that I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Systems Quality Assurance Division, PO Box 47857, Olympia, WA 98504-7857. You may also call them directly at (360) 236-2620 or access

Nancy Case, MA, LMHC

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online forms and information at www.doh.wa.gov/hsqa.

Record Keeping:

By law I am required to keep a record of our sessions for 5 years unless you request in writing that no records be kept beyond basic identification.

Consent for Participation in Counseling Services Provided by:

Nancy Case, MA, LMHC

Licensed Mental Health Counselor Number: #LH60297089

Client Signature

Date

Name (Please Print)

Home/Cell Phone

Street/Mailing Address (Please Print)

Street/Mailing Address (Please Print)

Counselor's Signature

Date